

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

11/29/331

17-18-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50		/				
TOTAL IND.	6					
TOTAL DEP.	58					
TOTAL CLAIMS	64					

	°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
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BEST AVAILABLE COPY